

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



September 10, 1993

ALL-COUNTY LETTER NO. 93-67

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: PERSONAL CARE SERVICES PROGRAM

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by SDSS

We have received many questions and requests for clarification regarding various policies for the Personal Care Services Program (PCSP). Portions of this letter express changes in policy from information in previous letters; therefore, counties need to identify cases affected by these policies.

This letter is to assist counties in the ongoing efforts to effectively implement the PCSP, maximize federal financial participation (FFP) and to avoid possible audit exceptions in the future.

I. Eligibility

Clients who are eligible to receive services provided through PCSP cannot receive those same services under In-Home Supportive Services (IHSS). Clients are considered eligible for PCSP if the following conditions are met.

- Recipient of a categorical payment
- Disability expected to last 12 months or longer or end in death
- Needs at least one personal care service or paramedical service
- Does not have a parent (if a minor) or spouse as the sole provider
- Not receiving Advance Payment for services

II. Cooperation

If an eligible recipient refuses to cooperate with the county to complete any required paper work, including the Physician Certification (SOC 425) and the Provider Enrollment/Certification (SOC 426), or fails to provide information needed to determine his/her PCSP eligibility and need for service, he/she cannot be authorized PCSP and will not be eligible for the same services under the residual IHSS Program.

A client cannot refuse personal care under PCSP and still receive ancillary services from residual IHSS.

It is the county's responsibility to assist the recipients in obtaining the SOC 425 and the SOC 426. The county must inform the recipient of his/her responsibility in the completion of these required forms and explain their purpose.

The county shall take all of the following steps to ensure that eligible recipients who need supportive services to remain in their homes safely are provided services.

- Determine the client's ability to understand the consequences of not completing all required documents. If the client does not understand his/her responsibility, contact his/her authorized representative and clarify the process. Clients who do not have an authorized representative should be referred to the public guardian's office.
- If the client understands his/her responsibility and fails to cooperate, issue a courtesy notice of noncompliance. (A camera ready copy of this notice is attached.) The notice specifies that the client must submit essential forms to the county within fifteen (15) days or lose eligibility for both IHSS and PCSP.
- At the end of the fifteen day period, clients who have not submitted necessary documents shall be sent a Notice of Action (NOA) informing him/her that services will be discontinued in ten (10) days.
- Reason Code 592 is to be entered into CMIPS for recipients who fail to provide Certification of Medical Necessity to generate the following discontinuance message. The county must manually enter the due date in the space provided as noted on the notice of noncompliance that was sent prior to the NOA.

"You are not eligible for IHSS Program services because you are eligible for those services under the Personal Care Services Program (PCSP). You are not authorized to receive PCSP services, even though you are eligible, because you have failed to provide Certification of Medical Necessity, completed by your doctor, by the due date \_\_\_\_\_ as required by PCSP. MPP 30-757.1, MPP 30-760, CCR 51350(c) and WIC 12300(f)."

- Reason Code 593 is to be entered into CMIPS for recipients who refuse to sign the SOC 426 in order to enroll his/her provider. The county must manually enter the due date in the space provided as noted on the notice of noncompliance that was sent prior to the NOA.

"You are not eligible for IHSS Program services because you are eligible for those services under the Personal Care Services Program (PCSP). You are not authorized to receive PCSP services, even though you are eligible, because you have failed to complete the Provider Enrollment/Certification by the due date \_\_\_\_\_ as required by PCSP. MPP 30-757.1, MPP 30-760.15, CCR 51204 and WIC 14132.95(a)(3)."

### III. Enrollment of Providers

Each PCSP recipient must have an enrolled Medi-Cal provider. No payments for PCSP can be made until the provider is enrolled, which will also delay claims for FFP. The State will notify all current PCSP providers who have not been enrolled, and the recipient for whom they work, that unless the county receives a completed SOC 426 he/she will not be paid for any work performed after receiving the notice.

A copy of both the notice to providers and recipients is attached and should be used by the county on an ongoing basis.

Thirty (30) days following the mailing of this notice CMIPS will automate an on-line edit to ensure that no timesheets are processed for PCSP providers who have not been enrolled. If a provider submits a timesheet for a pay period prior to the receipt of the SOC 426, the county shall not process the timesheet for payment until the SOC 426 has been entered. The county shall notify each provider in writing that his/her timesheet has not been processed because he/she has not completed the SOC 426 and returned it to the county.

Additionally, a hard-edit will be created to stop the processing of a Provider Eligibility Update (SOC 311) for any new PCSP provider who has not been enrolled. The target date for this hard-edit is September 20, 1993; all counties will receive notification from the State as to the actual effective date along with CMIPS instructions.

If a provider refuses to sign the SOC 426, he/she cannot be paid for services provided to a PCSP recipient. An enrolled PCSP recipient must be served by an enrolled Medi-Cal provider or he/she will be unable to receive any PCSP services. (See Section I.) However, a client who has a spouse as a provider or who is a minor and has a parent as a provider is not PCSP eligible but will remain eligible for residual IHSS.

#### IV. Physician Certification - Required Information

Several counties have not accepted the SOC 425 because the physician did not include a "Provider Number". This is not required information for the SOC 425; clients may use a physician who is not a Medi-Cal provider. The ONLY required fields on the SOC 425 are as follows:

- Physician's Name, Address & Phone Number (Information may be obtained from the recipient or the telephone directory.)
- Physician's Signature (or Medi-Cal stamp)
- The "Yes" box is marked indicating the need for a personal care service.
- Date (Counties may complete this item using the postmark or the date received by the county, if it has not been provided by the physician.)

#### V. Physician Cooperation

Counties may use nursing staff to intervene on the recipient's behalf if a physician refuses to complete the SOC 425. The physician should be advised why the county believes services are necessary and that if the physician continues his/her refusal the recipient will be unable to receive services. In cases where the recipient's regular physician still will not sign the SOC 425, the county should assist the recipient in locating another physician or have a county employed physician complete the SOC 425.

A similar process should be followed if the physician identifies a service that has not been authorized or fails to include a service that is authorized when identifying other needed services. However, the first step should be to

reconsider the needs assessment in light of the physician's reasons for including or not including a particular service. The service authorization may be revised or the county may follow the steps above for reconciliation between the physician certification and the service authorization. There may not be ANY discrepancy between the services authorized by the county and the physician certification, unless a physician is prescribing a service which is not a covered IHSS/PCSP service.

#### VI. Physician Certification - Out-of-State

The existing regulations define a physician as one who is authorized to practice in this state. However, for purposes of completing the SOC 425, any physician licensed to practice in a contiguous state (Oregon, Nevada or Arizona) may certify the medical necessity for personal care services. Physician certifications completed by doctors licensed in another country are not acceptable unless the doctor is also licensed in California. A physician who is a Medi-Cal provider may bill Medi-Cal for completing the SOC 425 even if practicing in another state.

#### VII. Physician Certification - Signed by Osteopathic Physicians

Counties may accept an SOC 425 signed by an osteopathic physician (D.O.). D.O.s are licensed physicians and surgeons equivalent to a Medical Doctor (M.D.) pursuant to Section 2453 of the California Business and Professions Code.

#### VIII. Christian Scientists

A Christian Scientist does not need to complete an SOC 425 when applying for PCSP. Staff is currently developing a form to be used in lieu of the SOC 425. Until a form has been distributed for county use, a Christian Science Practitioner must provide a written statement attesting to the client's belief as a Christian Scientist and his/her need for personal care services.

No services may be provided until the county receives the written statement from the Christian Scientist Practitioner. The written statement must be maintained in the recipient's case file. This certification must occur annually in lieu of the physician certification.

The county shall enter the Christian Scientist Practitioner's name on line C of the Personal Care Services Program (SOC 428) form in lieu of the "Doctor Name". The practitioner's name should be followed by "C.S.P." to indicate that this is not an M.D. The "Cert Date" would be the date of the written statement or the date on the form that will be distributed to counties following this letter.

All other religious practitioners must be approved by DHS, prior to the provision of any services without the SOC 425.

### IX. Medi-Cal Recovery for PCSP

The Social Security Act, 1917 (b)(1)(B) allows recovery of any medical assistance paid on behalf of individuals who are aged 65 or older at the time assistance was received. Welfare and Institutions Code (WIC) 14009.5 implements this law allowing the Department of Health Services to recover an amount equal to the payment for health care services received (this includes federal, state and county shares) by placing a claim on any asset at the time of the recipient's death. Recovery may not be made when there is a surviving spouse, child under 21, or a child who is blind or permanently disabled. Since 1981 Medi-Cal has recovered payments allowable under federal and State laws, except for claims where a substantial hardship could be demonstrated.

SB 35 revised Section 14009.5 of the WIC requiring DHS to place a claim on a decedent's property so that upon the death of the surviving spouse or the sale, transfer, or exchange of the real property the amount of health care services can be recovered.

Contrary to information previously provided, PCSP is subject to an estate claim. All PCSP recipients, as described above, were subject to such claims beginning on the date of conversion to PCSP. A PCSP eligible client may refuse personal care services to protect his/her estate from recovery. However, if a PCSP eligible client does not want to cooperate because of the recovery policy, he/she cannot be placed on the residual IHSS program in lieu of PCSP.

All SSI/SSP clients receive a notice each quarter with their Medi-Cal card informing them that their estates are subject to recovery. All current PCSP recipients aged 65 and older must be informed by the county that PCSP is a Medi-Cal program subject to recovery at reassessment or the next time he/she has contact with the county. New PCSP recipients aged 65 and older also must be informed of this policy at intake. The attached information notice regarding Medi-Cal recovery for personal care services should be used to inform recipients aged 65 and older at intake and reassessment that personal care services received are subject to recovery.

### Contact Person

If you have any questions regarding this letter, please contact the Policy analyst assigned to your county. Refer to ACIN, I-24-93, for your analyst's phone number or call the Adult Services Policy Bureau at (916) 657-2143.

Sincerely,

  
FRED MILLER

Deputy Director  
Adult Services Division

Attachments

c: CWDA

## ATTACHMENTS

The attachments are advance copies for county information only, the masters with the Spanish translation will be sent under separate cover.

## IMPORTANT NOTICE

DATE: \_\_\_\_\_

CASE#: \_\_\_\_\_

Dear Recipient:

You are responsible for providing us with all information and documents required to determine your eligibility and need for the Personal Care Services Program.

As of this date, we do not have the necessary forms to authorize payment for services. The form(s) checked below are not on file for you:

☐ SOC 425 Physician Certification of Medical Necessity

☐ SOC 426 Provider Enrollment/Agreement

It is very important that you get the enclosed form(s), as indicated above, back to us not later than \_\_\_\_\_.

If you are having trouble getting the form(s) returned by your doctor or provider, please call the worker listed below.

IF THESE FORMS ARE NOT COMPLETED AND RETURNED BY THE DUE DATE, YOU WILL LOSE ALL THE SERVICES YOU ARE RECEIVING WHICH ARE ALSO PROVIDED UNDER THE PERSONAL CARE SERVICES PROGRAM. WE DO NOT WANT YOU TO LOSE YOUR SERVICES; WE WILL HELP YOU STAY ELIGIBLE, IF WE CAN.

\_\_\_\_\_  
Social Services Worker

\_\_\_\_\_  
Phone

ALL COMPLETED FORMS MUST BE RETURNED BY THE DUE DATE TO THE ADDRESS BELOW. IF THE FORM(S) ARE NOT RETURNED BY THE DATE ABOVE YOU WILL BE SENT A NOTICE OF ACTION DISCONTINUING YOUR SERVICES.

COUNTY ADDRESS:

## IMPORTANT NOTICE TO PERSONAL CARE SERVICES PROGRAM RECIPIENTS

You are eligible to receive In-Home Supportive Services (IHSS) under the Personal Care Services Program (PCSP). To get paid, the person who provides those services must complete the Personal Care Services Program Provider/Enrollment Agreement (SOC 426). This form has been mailed to your provider.

Your provider will ask you to complete the section of the form labeled Part II-Client Certification. An authorized representative can sign the form for you. **THE PROVIDER WHO IS BEING ENROLLED CANNOT SIGN AS YOUR AUTHORIZED REPRESENTATIVE.**

After you complete the form, return it to your provider so he/she can return it to the County IHSS office. *Your provider will not be paid if he/she does not return the form.*

If you have any questions, please call the County IHSS office.



## IMPORTANT NOTICE TO PERSONAL CARE SERVICES PROGRAM PROVIDERS

Your employer is a recipient of In-Home Supportive Services (IHSS) under the Personal Care Services Program (PCSP). To be paid for the services you provide, you must be enrolled as a PCSP provider. To enroll, please complete the enclosed Personal Care Services Program Provider/Enrollment Agreement (SOC 426).

To complete the enrollment form:

1. Read, sign and date Part 1 - Service Provider.
2. Give the form to your employer (The PCSP recipient). Ask your employer or his/her authorized representative to complete Part II - Client Certification. **YOU MAY NOT SIGN AS THE AUTHORIZED REPRESENTATIVE.**
3. Mail the completed enrollment form to the County IHSS office within 10 days from the time you receive this notice.

***If you do not return the completed enrollment form before you send in your time sheet, you will not be paid for any services provided after receiving this notice.***  
If you have any questions please call the County IHSS office.

## MEDI-CAL RECOVERY FOR THE PERSONAL CARE SERVICES PROGRAM

The Personal Care Services Program (PCSP) which provides services through In-Home Supportive Services is now paid for by Medi-Cal.

This means that the cost of all services provided to you after April 1, 1993 may be subject to Medi-Cal recovery.

### Who is affected?

- o PCSP recipients, aged 65 and older
- o PCSP recipients (65+) with no surviving spouse, no children under 21 or no totally disabled adult children
- o The surviving spouse of a Medi-Cal recipient, if a claim was originally filed against the estate, when that property is sold, transferred or exchanged.

### What is Medi-Cal Recovery?

Medi-Cal recovery means that a claim may be placed on your estate, after your death, for up to the same amount of money that has been paid for Medi-Cal benefits you have received, including PCSP services.

### NOTE:

- o No claims will be made against a PCSP recipient's estate if a substantial hardship is demonstrated by the family.
- o The State does not have a process for recovery of PCSP payments made at this time.

THIS NOTICE RELATES ONLY TO RECOVERY FOR PCSP SERVICES PAID FOR BY MEDI-CAL -- EXISTING MEDI-CAL POLICY FOR RECOVERY OF OTHER MEDI-CAL SERVICES YOU RECEIVE IS STILL IN EFFECT.

THE PURPOSE OF THIS NOTICE IS TO LET YOU KNOW THAT THE PCSP SERVICES YOU RECEIVE ALSO FALL UNDER THE REQUIREMENTS OF THE EXISTING MEDI-CAL RECOVERY POLICY.